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Bib Data Sheet

SERIAL NUMBER 09/020,869	FILING DATE 02/09/1998 RULE	CLASS 623	GROUP ART UNIT 3738	ATTORNEY DOCKET NO.	
<b>APPLICANTS</b> WILFRIDO R. CASTANEDA, NEW ORLEANS, LA;					
<b>**CONTINUING DATA *****</b>					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 05/04/1998		<b>** SMALL ENTITY **</b>			
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY LA	SHEETS DRAWING 12	TOTAL CLAIMS 24	
<b>INDEPENDENT CLAIMS</b> 5					
<b>ADDRESS</b>					
TYLER L. NASIEDLAK 4507 ARDEN AVENUE EDINA , MN 55424					
<b>TITLE</b> ENDOVASCULAR GRAFT AND PROCESS FOR BRIDGING A DEFECT IN A MAIN VESSEL NEAR ONE OF MORE BRANCH VESSELS					
FILING FEE RECEIVED 732	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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6/8/98

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## **APPLICANTS**

WILFRIDO R. CASTANEDA, NEW ORLEANS, LA.

**\*\* CONTINUING DATA \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 05/04/1998

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY LA	SHEETS DRAWING 12	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	 Examiner's Signature	Initials			

## **ADDRESS**

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**TITLE**

## ENDOVASCULAR GRAFT AND PROCESS FOR BRIDGING A DEFECT IN A MAIN VESSEL NEAR ONE OF MORE BRANCH VESSELS

<b>FILING FEE RECEIVED</b> 652	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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